

State of Michigan  
Department of Consumer & Industry Services  
Bureau of Workers' & Unemployment Compensation (BW&UC)  
**Extended Benefits (EB) Instructions**

This document will assist you in accurately completing Form UC 1583, *Weekly Extended Benefits (EB) Record of Work Search*. Please see the reverse side for a sample of a completed Form UC 1583.

A claimant eligible for Extended Benefits (EB) must make a more diligent search for work than would normally be required of an individual receiving regular benefits. Federal guidelines define a systematic and sustained search for work as a planned, methodical search for work conducted throughout each week claimed for EB or as meeting the criteria set forth by the State Employment Security Agency for the various labor markets within the state.

**To meet EB eligibility requirements:**

- Your search for work must be systematic and sustained (that is, planned and methodical).
- You **must** seek work with at least three employers in each week you are claiming benefits.
- You **must** record your weekly work search information on Form UC 1583, *Weekly Extended Benefits Record of Work Search*.
- You should keep a copy for your records in case your claim is audited.
- You **must** sign and mail Form UC 1583 **before** you call MARVIN.

The law provides that you must be disqualified from EB:

- If you do not meet the seeking working requirements.
- If you fail to apply for, or accept, suitable work.
- If you were disqualified on your regular unemployment claim for one of the following reasons: refusal of work, imprisonment, labor dispute, assault and battery, theft, willful destruction, failure to notify temporary help firm, or illegal drugs.

**REMEMBER** – If you do not seek work during a week, you should elect not to claim EB for that week by answering **NO** when MARVIN asked whether you wish to claim that week. By claiming that week, you will be disqualified for further benefits until you work at least 4 weeks and earn at least 4 times your EB weekly benefit rate.

To be entitled to Extended Benefits, you **must** mail the completed Form UC 1583 **before** you call MARVIN, to: State of Michigan – BW&UC, P.O. Box 8066, Royal Oak, MI 48068-8066

**NOTE:** This address is for processing Form UC 1583 only. Send all other documents as instructed on each form.

**EXCEPTION:** If you normally certify by mail, attach both Form UC 1583 and Form UC 1785-1, *Continued Certification By Mail*, and mail as instructed previously.

(Please print clearly and use black ink)



**YOUR NAME:** Jane J. Doe

Enter your social social security number

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Weekly Extended Benefits (EB) Record of Work Search

Week Ending Date (Is always a Saturday)	Date of Contact	Name of Employer	Employer(s) Address	Name and Title of Person Contacted	Method of Contact (In Person, phone, fax, e-mail, other)	Type of work applied for	Result (Application submitted, interview, hiring, not hiring, etc.)
First Week Ending Date 09/27/2003	09/22/2003	ABC Company	7404 Howard, Detroit 48222	John Doe, Manager	In-Person	Toolmaker	Not Hiring
09/27/2003	09/23/2003	XYZ Company	4005 W. Fort, Detroit 48209	Jane Donute, Opr. Mgr.	Faxed Resume	Truck Driver	Application Sub.
09/27/2003	09/24/2003	Happy Bus	3030 Airport, Romulus 48159	Ms. Whitlow, HR Mgr.	By Phone	Bus Driver	Interviewed
Second Week Ending Date 10/04/2003	09/29/2003	Focus, Inc.	2121 Crest, Detroit 48238	Jack Hart, HR Personnel	Mailed Resume	Maintenance	Application Sub.
10/04/2003	09/29/2003	Bob's Restaurant	214 Burt, Dearborn 48126	Anita Crain, Manager	In Person	Dishwasher	Not Hiring
10/04/2003	09/29/2003	Education Limited	7788 Lake, Detroit 48214	Essie Lake, HR Mgr.	E-Mail	Maintenance	Interviewed

Signature: Jane J. Doe

Date: 99/99/9999

**NOTE:** This is a sample of how Form UC 1583, *Weekly Extended Benefits (EB) Record of Work Search* could be fully and accurately completed. You **must** complete a blank form and mail it to us each time **before** calling MARVIN for the two-week period covered on the form.

The Bureau of Workers' & Unemployment Compensation will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Bureau.